

**CG-AGG(R), ANNUAL GUESSING GAME RENEWAL APPLICATION**

State Form 53661 (6-08)

INDIANA GAMING COMMISSION

Approved by State Board of Accounts, 2008

For Official Use Only

License Fee Paid _____

Date Received _____

Reviewed By _____

Date Entered _____

INSTRUCTIONS: Not for first time applicants. This application must be filed by the 10th day of the month in which your license expires. Attach additional sheets if necessary to supply all information for each line. Please type or print.

Notice: Have you held an Annual Guessing Game License within the last five (5) years? ☐ Yes ☐ No

If yes, complete this form. If no, you must complete the form for first time applicants and submit the initial license fee of \$50.00.

1. Name of organization (please type or print)			2. Email address		
3. Previous name of organization (if name changed)			4. FID # (Federal identification number)		
5. Address of principal office (number and street)			Contact name		Office business hours
City	State	ZIP code	County	Daytime telephone number ()	
6. On which days of the week and during what hours will your guessing game event be conducted? (A.M. establishes the midnight hour; P.M. establishes the noon hour.) Day _____ Hours _____ M to _____ M Day _____ Hours _____ M to _____ M Day _____ Hours _____ M to _____ M					
7. Address of the facility where the event will be conducted (number and street)				Doing business as (DBA)	
City	State	ZIP code	County	Daytime telephone number ()	

FACILITY/TANGIBLE PERSONAL PROPERTY INFORMATION

8. Does your organization own _____, lease (rent) _____, or use a donated _____ facility where the licensed event will be conducted? (Check one)

• **If leased** (rented) **or donated**, enter name and address of the lessor or donor and attach a copy of your signed lease or donation agreement.

Name of lessor/donor (full legal name)			Address (number and street)		
City	State	ZIP code	County	Daytime telephone number ()	

9. Is any tangible personal property (i.e. tables, chairs, etc.) or gaming equipment or devices being leased or donated to you for this event? ☐ Yes ☐ No

If you answered Yes, list the name and address of the lessor or donor. Attach a signed copy of the lease or donation agreement.

Is tangible personal property (i.e. tables, chairs, etc.) or gaming equipment or devices owned by the organization? ☐ Yes ☐ No

Note: Gaming equipment or devices must originate from a licensed manufacturer/distributor.

Name	Address (number and street)	City	State	ZIP code
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MANUFACTURER AND DISTRIBUTOR INFORMATION

Attach additional sheets if necessary.

10. List the manufacturer(s) and/or distributor(s) from whom you intend to purchase licensed supplies.

Name	Address (number and street)	City	State	ZIP code	Items
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OPERATOR INFORMATION

Attach additional sheets if necessary.

11. List below at least three (3) operators who will supervise, manage and be responsible for the operation and conduct of the charity gaming events.

Full legal name	Home address (number and street, city, state, ZIP code)	Driver's license or state I.D.	Date of birth (month, day, year)	Daytime telephone number	Years with organization	Check appropriate box
						Bartender <input type="checkbox"/> Member <input type="checkbox"/>
						Bartender <input type="checkbox"/> Member <input type="checkbox"/>
						Bartender <input type="checkbox"/> Member <input type="checkbox"/>

12. Are any of the operators listed on Line 11 (and any attachments) also operators for any other organization's charitable gaming events?

☐ Yes ☐ No If you answered Yes, attach a list including each individual's name, name of organization, and the month(s) that they will operate other gaming events.

13. Please list the name from Line 11 of the principal operator in your organization who has overall responsibility for the operation and control of this charity gaming event. Please type or print **X** _____

Name

Daytime telephone number

WORKER INFORMATION						
<i>Attach additional sheets if necessary.</i> 14. List all individuals (excluding operator information on Line 11) who will assist and work in the operation of the licensed event. You must also list any individual who will assist in selling pull tabs, punchboards and tip boards.						
Full legal name	Home address <i>(number and street, city, state, ZIP code)</i>	Driver's license or state I.D.	Date of birth <i>(month, day, year)</i>	Daytime telephone number	Mos./years with organization	Check appropriate box
				()		Bartender <input type="checkbox"/> Employee <input type="checkbox"/> Member <input type="checkbox"/>
				()		Bartender <input type="checkbox"/> Employee <input type="checkbox"/> Member <input type="checkbox"/>
				()		Bartender <input type="checkbox"/> Employee <input type="checkbox"/> Member <input type="checkbox"/>
15. Have any operators or workers listed on line 11 and 14, or on any attachments, been convicted of a felony within the last 10 years in any jurisdiction? <input type="checkbox"/> Yes <input type="checkbox"/> No If you answered Yes, attach a list including each name, date and type of conviction, and jurisdiction/court.						
GROSS RETAIL SALES INFORMATION						
16a. Will you be conducting any type of retail sales during the licensed event (i.e. accessories, concessions, etc.)? <i>(Check one)</i> <input type="checkbox"/> Yes* <input type="checkbox"/> No *If "Yes" complete the following information. If the seller is required to have a Retail Merchant Certificate, enter that number in the box provided.						
Name of organization offering the sales			Retail merchant certificate number			
16b. Which of the following will your organization be receiving? <i>(Check one)</i> <div style="display: flex; justify-content: space-between;"> _____ All of the retail sales income _____ A flat fee from retail sales payment </div> <div style="display: flex; justify-content: space-between;"> _____ A percentage of the retail sales income _____ Other <i>(explain)</i> _____ </div>						
ADDITIONAL ACTIVITIES AUTHORIZED						
17. Will your organization be selling pull tabs, punchboards and/or tip boards? ____ Yes ____ No						
LICENSE FEE INFORMATION						
18. The license renewal fee is the amount shown in item #4 on page 3 of your Indiana Charity Gaming Annual License Financial Report, CG-8. Make your check drawn from your separate and segregated checking account payable to the Indiana Gaming Commission .						
19. List the organization's separate and segregated charity gaming checking account information.						
Name of bank	Address <i>(number and street)</i>	City	State	ZIP code		
Name of separate and segregated charity gaming checking account			Account number			
IMPORTANT: You <u>must</u> attach Form CG-21 (Annual License Gross Receipts Report), CG-8 (Annual License Financial Report), CG-INV (Ending Inventory Statement), CG-DIST (Charitable Contribution Distribution List), CG-CO (Current Officer List) and the license renewal fee to this application.						
CERTIFICATION						
20. We certify under penalty of perjury that there are no misrepresentations or falsifications in the information stated. We understand false or misleading statements will cause rejection of this application or revocation of future license(s).						
_____ Signature of Presiding Officer			_____ Date <i>(month, day, year)</i>			
_____ Printed name	_____ Title	_____ Daytime telephone number				
_____ Signature of Secretary			_____ Date <i>(month, day, year)</i>			
_____ Printed name			_____ Daytime telephone number			
Send this application, an updated listing of your current officers, and payment due to: Indiana Gaming Commission, Charity Gaming Division, 101 W. Washington St., East Tower, Suite 1600, Indianapolis, IN 46204 Phone: (317) 232-4646						